

92A120-S (5-95)

Commonwealth of Kentucky
REVENUE CABINET

INHERITANCE AND ESTATE

TAX RETURN

(SHORT FORM)

FOR DEPARTMENT USE ONLY

 _____ / 4 6 / 1 9 _____
 Account No. Tax Year

The use of this form is limited to the spouse and/or Class B and C beneficiaries. Please refer to the accompanying instructions when completing this return.	Decedent's Last Name		First Name and Middle Initial		HR Code Number	
	Number and Street or Rural Route					Date of Death Social Security No. Occupation (If decedent was retired at death, state occupation prior to retirement.)
	City, Town, or Post Office		County	State KY	ZIP Code	
	• Did decedent have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, attach copy. • Did decedent have a safe deposit box or one to which he had access? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, state location _____ • Was decedent legally domiciled in Kentucky for five years prior to death? <input type="checkbox"/> Yes <input type="checkbox"/> No • If no, give date domicile established ► _____					
Executor <input type="checkbox"/> Administrator <input type="checkbox"/> No Administration <input type="checkbox"/>	Name Number and Street or Rural Route City, Town, or Post Office State ZIP Code					Cause of Death Age at Death

SECTION I—GROSS ESTATE

(List all items which decedent owned or in which the decedent had an interest. See page 2 for examples. Complete the real estate data report on page 2 for each parcel of real estate.)

Description and Location of Real or Personal Property	Ownership (Check or fill in applicable blocks)					Fair Cash Value of 100% Interest at Date of Death	Decedent's Interest
	Indi- vidual	Jointly Owned					
		Survivorship		Date Placed in Joint Names	Name of Co-Owner		
		With	Without				
						\$	\$

Total Value of Decedent's Gross Estate \$

Less Total Deductions (from page 2) -

NET ESTATE \$

SECTION II—TAX COMPUTATION (See Parts IV, V and VI of Instructions)

Heirs and Beneficiaries	Relationship (if any)	Age	Distributive Share	Amount of Tax
			\$	\$
Total Distributive Shares (Must equal Net Estate)			\$	
Inheritance Tax				\$
Discount of 5% from tax if paid within 9 months from death				-
Interest on tax if not paid within 18 months of death				+
Applicable penalties on tax under KRS 131.180 if not paid within 18 months of death				+
TOTAL AMOUNT DUE (Attach payment)				\$

Attach check payable to "Kentucky State Treasurer" to this return. Mail to: Kentucky Revenue Cabinet, Frankfort, Kentucky 40619* or 40620**.

Print or Type Name of Person, Title of Preparer or Firm Preparing Return

Mailing Address

City State ZIP Code

Telephone Number Including Area Code

Signature Date

I declare under the penalties of perjury that I have examined this return (including any attached schedules and statements) and that to the best of my knowledge it is a true, complete and correct return.

Signature of Executor or Administrator Date

Social Security Number Telephone Number Including Area Code

*If payment is \$1,000 or more, use ZIP Code 40619.

**If payment is less than \$1,000, use ZIP Code 40620.

SECTION III—DEDUCTIONS (See Part III of Instructions)

Page 2

Funeral expense	\$
Monument	\$
Cemetery lot and maintenance of lot	\$
Subtotal (not to exceed \$5,000)	\$
Personal representatives' commissions	\$
Attorneys' fees	\$
Appraiser's fees and court costs	\$
Mortgages and liens (decedent's share)	\$
Other debts of decedent (itemize only if total debts exceed \$500):	
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
TOTAL DEDUCTIONS (list on page 1)	\$

SECTION IV—REAL ESTATE DATA REPORT

(use a separate line for each parcel of property)

TYPE AND LOCATION OF PROPERTY <small>(Residence, Farm, Business — street address or state highway, city and county)</small>	LAND DATA			BUILDING DATA <small>(Residence)</small>				
	Lot Size or Acreage	Topography (level, rolling)	Classification (good, fair, etc.)	Construction (frame, brick)	Area or Dimensions	Story Height	Age	General Condition
(1)								
(2)								
(3)								
(4)								

In the schedules below, please provide appropriate information concerning: (a) sales or purchases of property within the last 10 years, (b) the annual gross income of rental property owned by the decedent, (c) county property assessed values as of January 1 immediately preceding the decedent's death, (d) your estimate of the price the property would bring on the market as of the date of decedent's death.

If the property consists of a farm, and the farm is assessed under the agricultural act, please give both the agricultural assessment and the fair cash value assessment.

(a) SALES OR PURCHASES			(b) RENTAL DATA		
Parcel No.	Date of Sale or Purchase	Sale Price	Parcel No.	Gross Annual Amount	Estimated Annual Expenses
		\$		\$	\$
(c) COUNTY ASSESSED VALUATIONS			(d) FAIR CASH (MARKET) VALUE*		
Parcel No.	Agricultural Assessment	Fair Cash Value Assessment	Parcel No.	\$	
	\$	\$			

*The fair cash (market) value of the real property is to be entered in the "Gross Estate" schedule on page 1 of this return.

EXAMPLES OF ITEMS TO BE INCLUDED IN GROSS ESTATE (if owned or if decedent had an interest therein): real property, stock, bonds, mortgages, notes, cash, insurance payable to the estate, savings and checking accounts, certificates of deposit, leases, motor vehicles, boats, house or travel trailers, household goods and furnishings, antiques, coins, jewelry, livestock, tools, farm implements, business goods and inventories, accounts receivable, interest in partnerships, etc.